

# UNITED STATES SENATE PAGE PROGRAM

## To the Applicant 's Parents

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Please complete this section and give this form to the principal or counselor at your child's school.

(Applicant's name) \_\_\_\_\_ has applied to the Senate Page Program.

Signature of Parent or Guardian \_\_\_\_\_

## To the Principal or Counselor

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Please return this form with a copy of a complete transcript (including current grades) and an explanation of the marking system.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**All transcripts must be received by November 4, 2015.** Email or mail this form and transcript to:

Dianne\_Kirkbride@enzi.senate.gov

Senator Mike Enzi

Attn: Dianne Kirkbride

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WY 82001